PTO/SB/17 (10-08)
Approved for use through 06/30/2010. OMB 0651-0032
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE to a collection of information unless it disolays a valid OMB control number

Olitici die Paperwolk Ne	espond to a collection or information unless it displays a valid OMB control number							
Effect Fees pursuant to the Consolid	Complete if Known							
	Filing Date December 23, 2004							
FEE TRANSMITTAL			First Named Inv		Makoto ISHIKAWA			
For FY 2009			Examiner Name T. J. Kugel					
Applicant claims small entity status. See 37 CFR 1.27			Art Unit 1796					
TOTAL AMOUNT OF PAYMENT (\$) 670.00			Attorney Docket No. 1422-0655PUS1					
METHOD OF PAYMENT (check all that apply)								
Check Credit Card Money Order O:her (please identify):								
x Deposit Account Deposit Account Number: 02-2448 Deposit Account Name: Birch, Stewart, Kolasch & Birch, LLP								
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)								
x Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee								
Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17								
FEE CALCULATION								
1. BASIC FILING, SEARCH, AND EXAMINATION FEES								
	FILIN		ARCH FEES	EXAMINA	ATION FEES			
Application Type	Fee (\$)	Small Entity Fee (\$) Fee (\$	Small Er tity (5) Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fees Pa	aid (\$)	
Utility	330	165 540		220	110			
Design	220	110 100	50	140	70			
Plant	220	110 330	165	170	85			
Reissue	330	165 540	270	650	325	· · · · ·		
Provisional	220	110 0	0	0	0			
2. EXCESS CLAIM FEES	i						mall Entity	
Fee Description Fee (\$) Fee (\$)								
Each claim over 20 (inclu				52	26			
Each independent claim of				220	110			
Multiple dependent claims 390 195							195	
Total Claims E	extra Claims	Fee (\$) F	Fee (\$) Fee Paid (\$) Multiple		ltiple Depende	le Dependent Claims		
- or HP = _	-	· *		Fee	<u>(\$)</u> <u>F</u>	ee Paid (\$)		
HP = highest number of total of		_	D_:J (A)				-	
indep. Claims E	<u>xtra Claims</u>	<u>Fee (\$)</u> F	ee Paid (\$)					
HP = highest number of independent claims paid for, if greater than 3,								
3. APPLICATION SIZE FEE								
If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer								
listings under 37 CFR 1.52(e)), the application size fee due is \$270 (\$1.35 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).								
				dan tharast	E00 (\$)	Eeo D	aid (\$)	
	Extra Sheets		<u>additional 50 or frac</u> fround up to a who		Fee (\$)	<u> </u>	aiu (φ)	
Non-English Specification, \$130 fee (no small entity discount)								
Other (e.g., late filing surcharge): 1401 Notice of appeal							540.00	
1251 Extension for response with in first month 130.00								
SUBMITTED BY								
Signature Registration No. (Attorney/Agent) 28,977 Telephone (703) 205-8000							-8000	
Name (Print/Type) Gerald M. Murphy, Jr. Date January 16,							5, 2009	

Birch, Stewart, Kolasch & Birch, LLP